

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Helen Boslin

Died at *New Prichard* Town

County

Forrest

MARYLAND

Date

of death 1909

Month

2-

Day

17

Years

Age

Months

2

Days

8

Sex

*Female*Color or
Race*Black*Birth-
place*ind*

Occupation

*✓*Where Residing if not
at place of death*✓*Married, Single
or Widowed*Single*Name of Wife or
Huaband*✓*Father's
Name*Robt Boslin*Father's
Birthplace*ind*Mother's
Meiden Name*Hester Walin*Mother's
Birthplace*ind*Name of person giving
Information*Robt Boslin*How related
to deceased*Father*

CAUSES OF DEATH

71

Primary

Convulsions

How long

2 days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*R. J. Smith (not in attendance)*

Address



Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

George Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

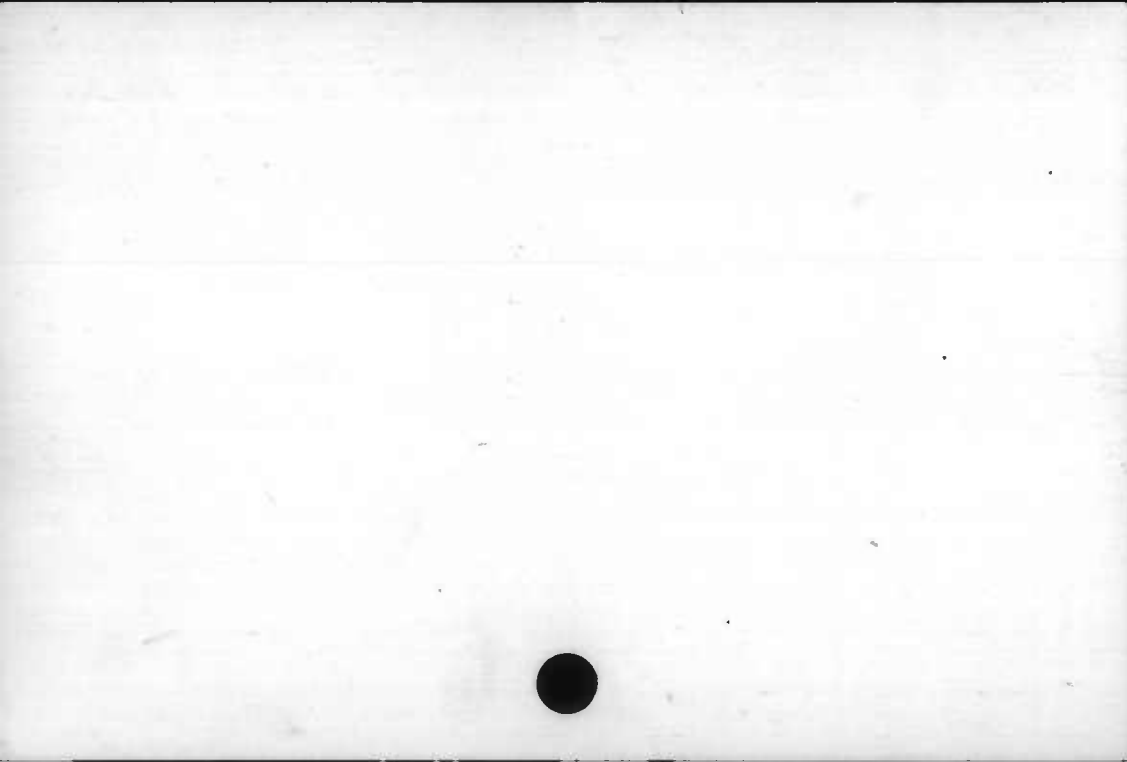
Died at <i>New Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>6</i>		Age <i>88</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Months <i>1</i> Days <i>1</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>C</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>C</i>			
Father's Name <i>George Cannon</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Agnes Stevenson</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>James Cannon</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary	<i>Seizure</i>	How long	<i>10 years</i>
Immediate	<i>Cystitis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry M. Langford</i>	
<i>Yes</i>		Address <i>Princess Anne Md.</i>	
Accident or Suicida <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James H Foyall

Died at *Near Reston* Town *Sumner* County *MARYLAND*

Date of death *1909 May 3* Month *May* Day *3* Age *26* Years *7* Months *27* Days

Sex *Male* Color or Race *White* Birth-place *Sumner Co*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lou E Foyall*

Father's Name *James H Foyall* Father's Birthplace *Sumner Co*

Mother's Maiden Name *Mary K Ballou* Mother's Birthplace *Wicomico Co*

Name of person giving information *James H Foyall* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Bronchitis & Lung Infection* How long *3 Months*

Immediate *Stomach & Intestine* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James H Foyall* Address *Satishbury*

Accident or Suicide? *No*

M. E. Con Aco

Name
in
Full

Dale A. Jones (Infant)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

dk Died at *Mt Vernon* ^{Town} *Souceset* ^{County} **MARYLAND**

Date of death *1909* ^{Year} *May* ^{Month} *26* ^{Day} Age *—* ^{Years} *—* ^{Months} *6 weeks* ^{Days}

Sex *Male* Color or Race *Colored* Birth-place *Souceset Co*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Woodland Jones* Father's Birthplace *Souceset Co*

Mother's Maiden Name *Lucena Miller* Mother's Birthplace *Souceset Co*

Name of person giving Information *Woodland Jones* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Mal nutrition* How long *6 weeks*

Immediate

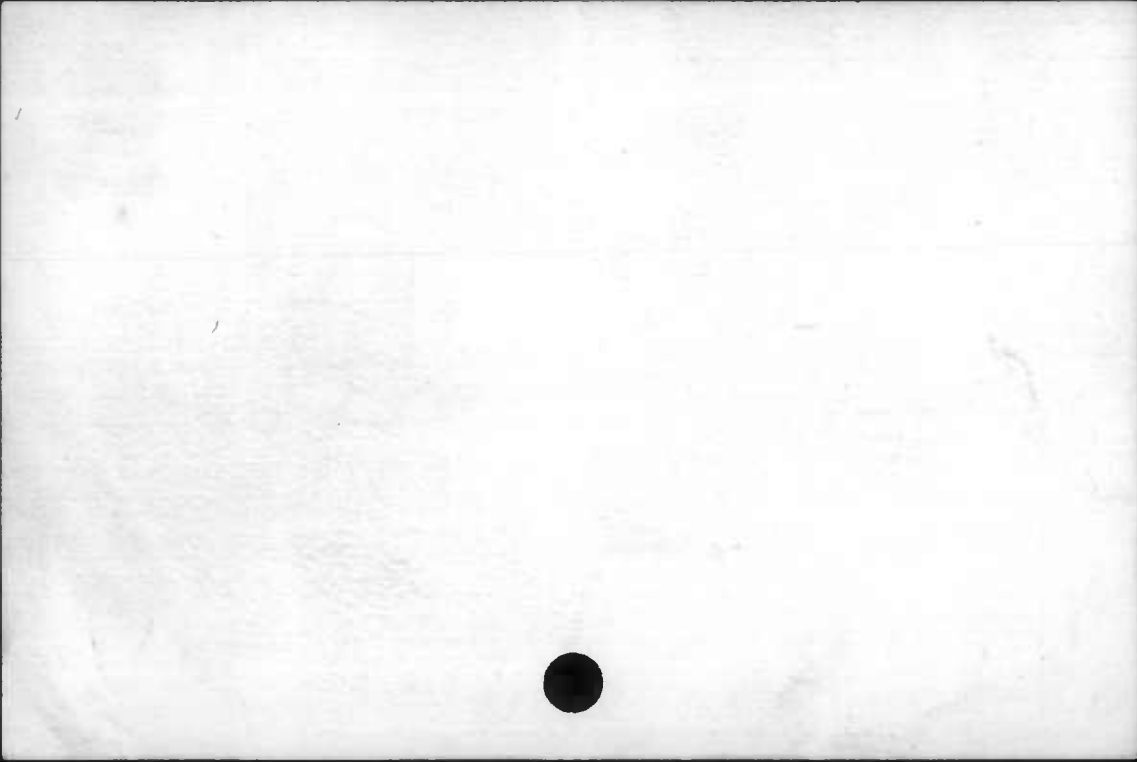
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Barnes M.D.*

Address *Souceset Union*

P.F.D. No. 2. Ind

Accident or Suicide



Name
in
Full

Charles Mosher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	1909	Month	May	Day	22
Age		13		Years	
Sex	Male	Color or Race	White	Birthplace	Crisfield
Occupation	School Boy		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Julius Mosher		Father's Birthplace	
Mother's Maiden Name		Emma Cook		Mother's Birthplace	
Name of person giving information		Julius Mosher		How related to deceased	
				Father	

CAUSES OF DEATH

How long

How long

Primary

Immediate

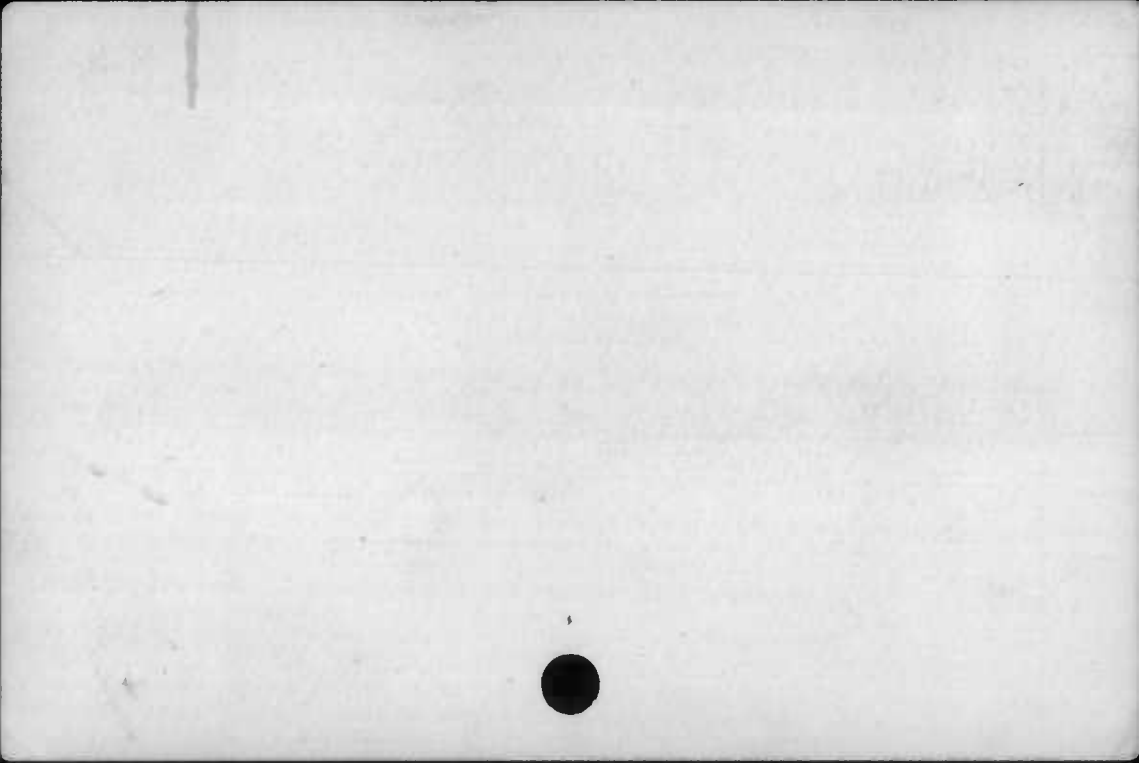
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

John Outen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Pocomoke City ^{County} Somerset

MARYLAND

Date of death 1909 ^{Month} May ^{Day} 20 ^{Years} Age 18 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Somerset Co MdOccupation Laborer ^{Where Residing if not at place of death} at Place of death~~Married~~ Single ^{Name of Wife or Husband}Father's Name William Outen ^{Father's Birthplace} Worcester Co MdMother's Maiden Name Nancy E Pruitt ^{Mother's Birthplace} Worcester Co MdName of person giving Information William Outen ^{How related to deceased} Father

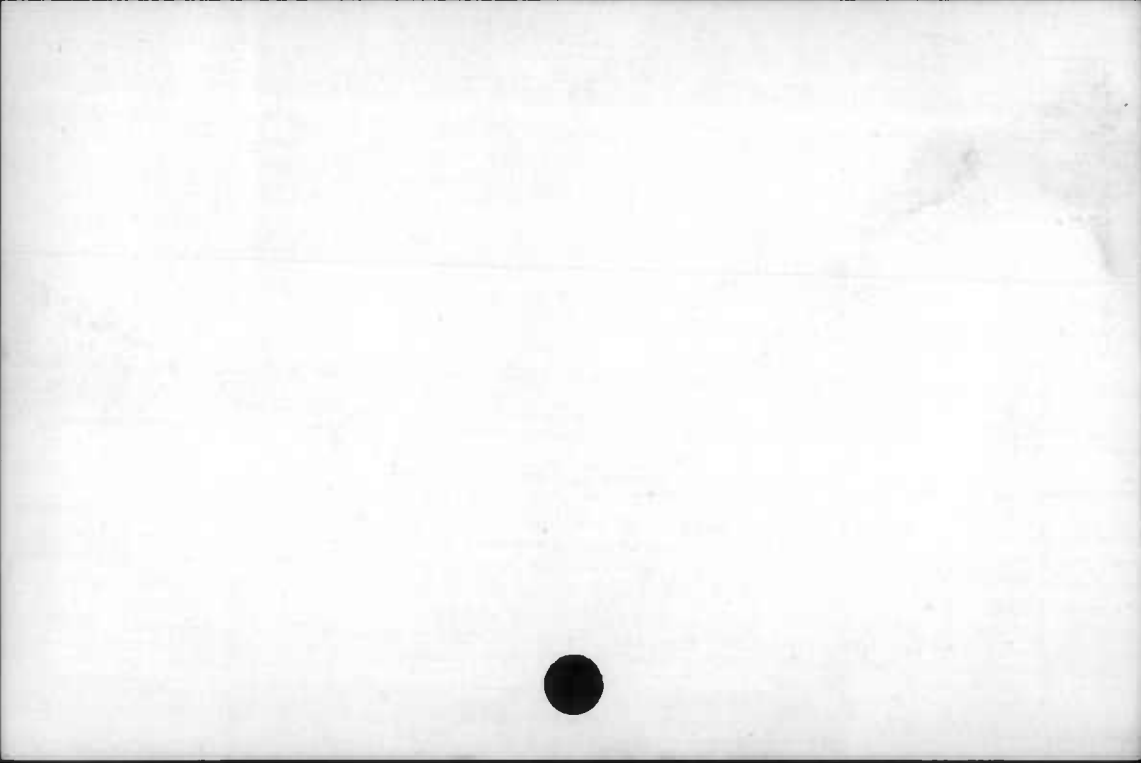
CAUSES OF DEATH

21

PHYSICIAN
OR CORONERPrimary Tuberculosis ^{How long} 3 yearsImmediate Probably rupture of Abscess ^{How long} about one hour

Are the name, age, sex, color, date and place correctly given above? yes

^{Signature of Physician} Isaac J Gorton^{Address} Pocomoke MdAccident or Suicide? ☒



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

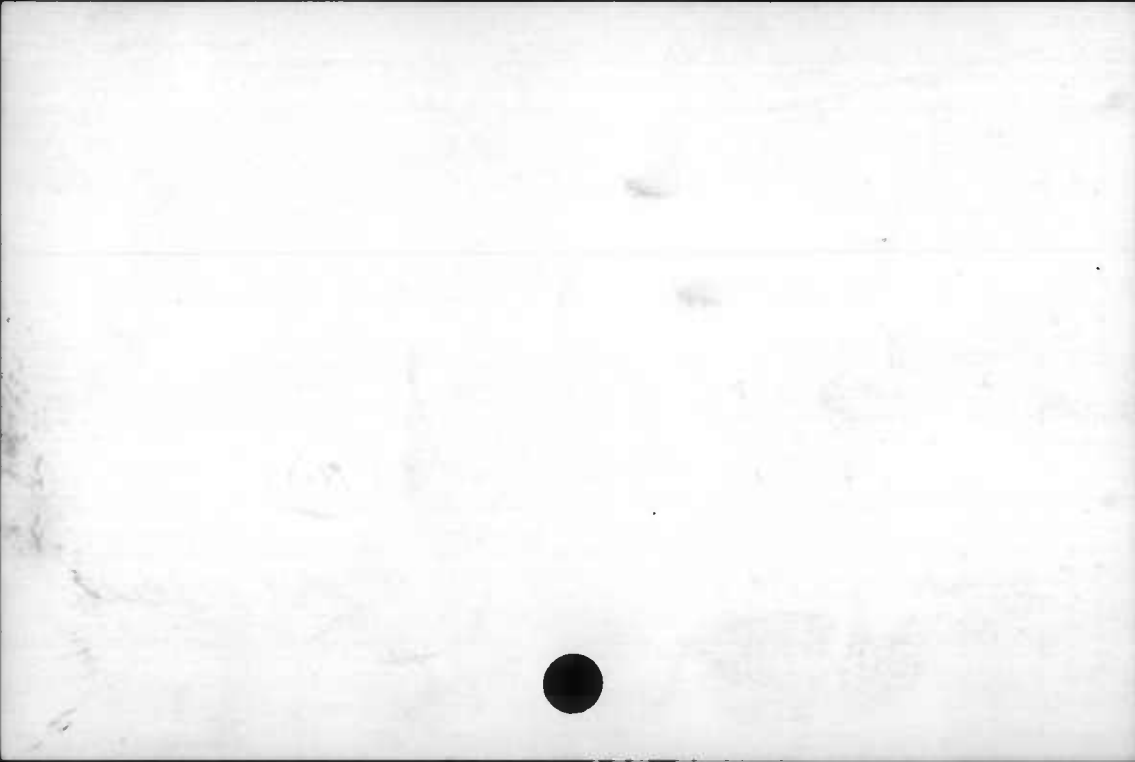
Died at <i>James H Padon</i>		Town <i>Wt Fernon</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>8</i>		Years <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Somerset Co</i>		Months <i>5</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Days <i>24</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Latie Padon</i>		Father's Name <i>John Padon</i>		Father's Birthplace <i>Somerset Co</i>	
Mother's Maiden Name <i>Elizabeth Foxwell</i>		How related to deceased <i>Son in law</i>		Mother's Birthplace <i>Somerset Co</i>			
Name of person giving Information <i>Chas Edward Ross</i>							

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 weeks</i>
Immediate <i>General Debility & old age</i>	How long
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. A. Barnes</i>
	Address <i>Princes Anne Md</i>
	<i>P. F. D. 2</i>
Accident or Suicide	



Name
in
Full

Maggie. M. Record

CERTIFICATE OF DEATH

Died at		Town Christfield		County Barnesack		MARYLAND	
Date of death		1909	Month May	Day 3	Age 31	Months 10	Days
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	Housework		Where Reaiding if not at place of death		—		
Married, Single or Widowed	Widow		Name of Wife or Husband		Alouys Record		
Father's Name	Handy Powell		Fether's Birthplace		Md		
Mother's Meiden Name	Laura L. Powell		Mother's Birthplace		Md		
Name of person giving Information	Mrs Sallie Hayman		How related to deceased		Sister		

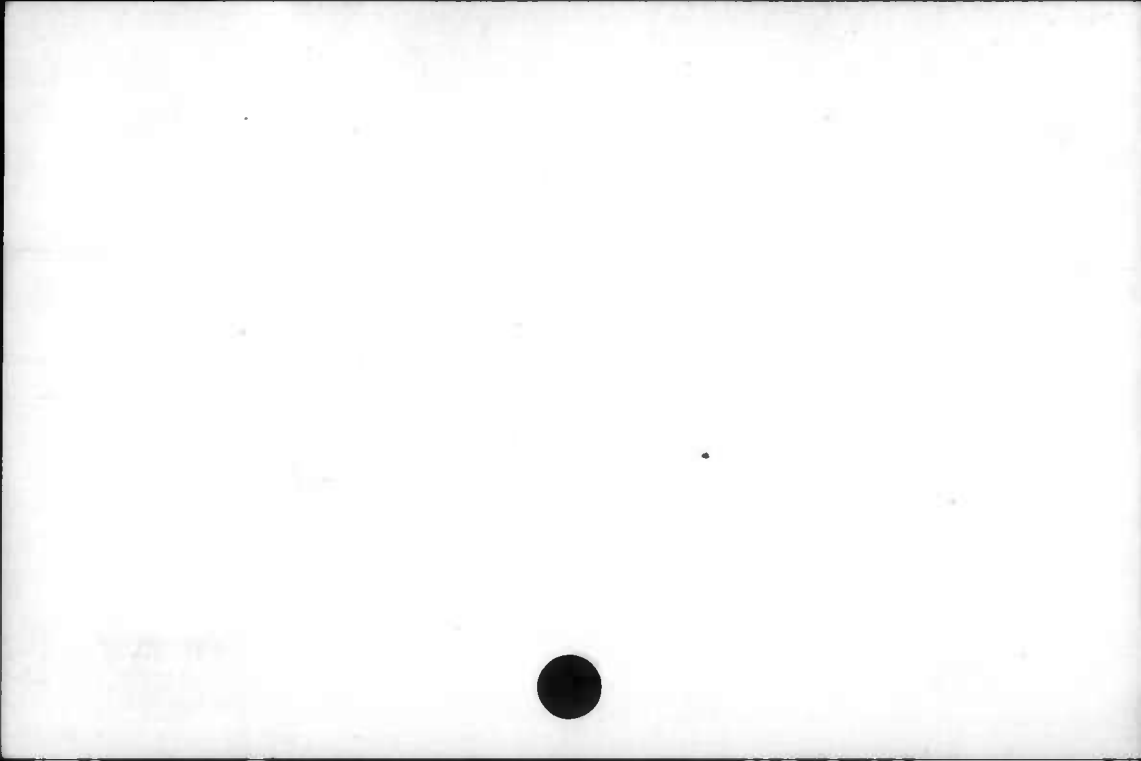
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis		How long	6 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. F. Lall
	no		Address	Christfield Md
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Issac S. Sterling
 Died at Crisfield Town Comerch County MARYLAND
 Date of death 190 9 Month May Day 13 Age 69 Years Months 4 Days 6
 Sex Male Color or Race White Birth-place Md
 Occupation Retired Sailor Where Residing If not at place of death
 Married, Single or Widowed married Name of Wife or Husband Mary E. Sterling
 Father's Name John Sterling Father's Birthplace Md
 Mother's Maiden Name Elizabeth Sterling Mother's Birthplace Md
 Name of person giving Information Mary C. Sterling How related to deceased Wife

CAUSES OF DEATH

106

How long

10 years

How long

3 months

PHYSICIAN
OR CORONER

Primary

Parasitis

Immediate

Diarrhoea

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. F. Hall

Address

Crisfield Md

Accident or Suicide

338
12
- 54
- 1
- 1

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wenona</i> Town		<i>Somerset</i> County		• MARYLAND	
Date of death	1909	Month	3	Day	13
Age	1	Years		Months	10
Sex	Male	Color or Race	Colored	Birth-place	Wenona
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John M Wallace</i>			Father's Birthplace	<i>Wenona Md</i>
Mother's Maiden Name	<i>Delia Boskirk</i>			Mother's Birthplace	<i>Lyaskin Md</i>
Name of person giving Information	<i>Mary Wallace</i>			How related to deceased	<i>Grandmother</i>

CAUSES OF DEATH

Primary

Tuberchalis

27

One Year

Immediate

Asthma

How long

5 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo B. Storer
Sub Registrar
Deer's Island Md.

Accident or Suicida

2



Name
in
Full

CERTIFICATE OF DEATH

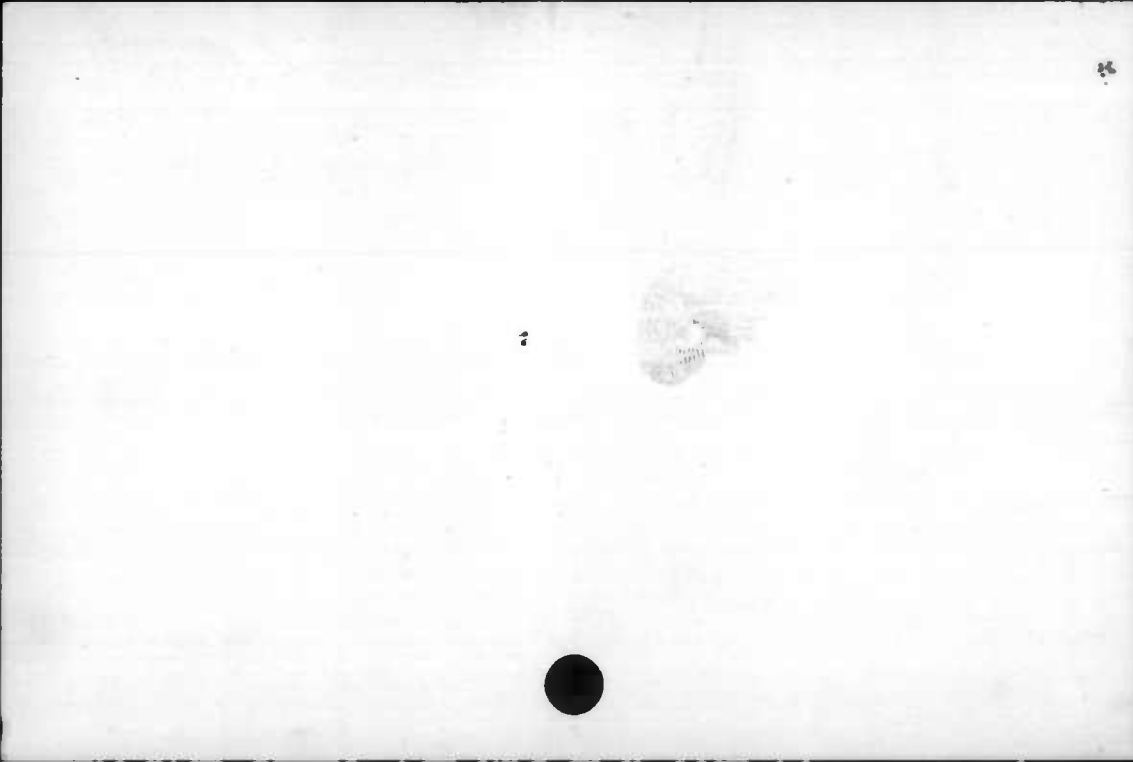
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Abigail Waters		Town Fairmount		County Somerset		MARYLAND	
Died at		Date of death		Age		Months	
		1909 May 21		73			
Sex Female		Color or Race Black		Birth-place Somerset Pa			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband John Waters					
Father's Name Adam Johnson		Father's Birthplace Somerset Pa					
Mother's Maiden Name Abigail Johnson		Mother's Birthplace Somerset					
Name of person giving Information Marion Long		How related to deceased Son in law					

CAUSES OF DEATH

Primary	Valvular Disease of Heart	How long	Several months
Immediate	~~~~~	How long	~~~~~
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. E. Dickinson	
		Address Upper Fairmount Md	
Accident or Suicide ~~~~~			

PHYSICIAN
OR CORONER



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
R CORONER

CERTIFICATE OF DEATH

MARYLAND

Sex Male Color or Race Black Birth place Summit Co

Occupation	Waiter	Where Residing if not at place of death	Chilabes
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Married, Single or Widowed Married Name of Wife or Husband Maria Morris

Father's Name	Special Master Sr	Father's Birth Place	Spencer C
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Mother's Maiden Name Lexah Jones Mother's Birthplace Massachusetts

Name of person giving information	Joseph Coleman	How related to decedent	You in law
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CAUSES OF DEATH

Primary 7 4 2 1 How long 1

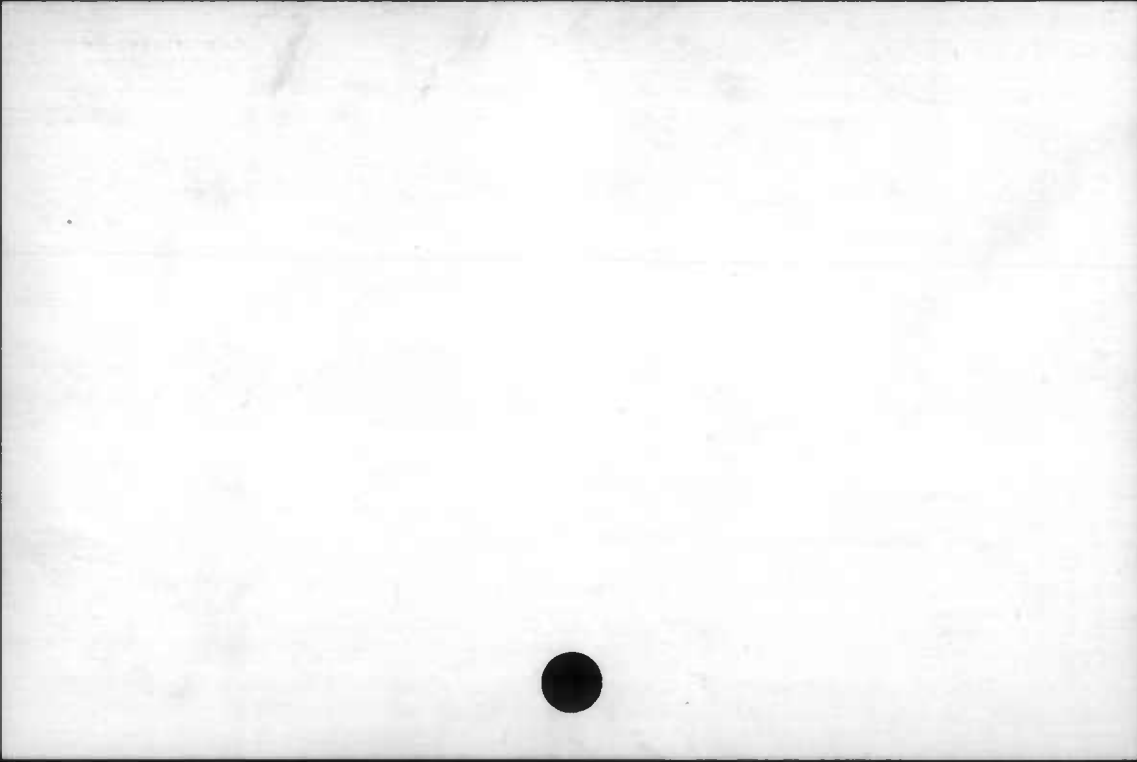
Immediate *Unprecedented in the history* How long *4 years*

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. J. Baker, M.D.

Address *1000 1st St. N. W. Washington, D. C.*

Accident or Suicide *ATB No 2*

OFFICE SUPPLY CO. 8-20--08



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James H. Webster
 Died at ^{Town} Mt Vernon ^{County} Somerset ^{MARYLAND}

Date of death 1909 ^{Month} May ^{Day} 13th ^{Years} Age 9 ^{Months} 7 ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Somerset Co

Occupation Schoolboy ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Fitzhugh L. Webster ^{Father's Birthplace} Somerset Co

Mother's Maiden Name Mollie L. Waller ^{Mother's Birthplace} Somerset Co

Name of person giving Information Fitzhugh Webster ^{How related to deceased} Father

CAUSES OF DEATH

Primary Typhoid Fever ^{How long} 20 days

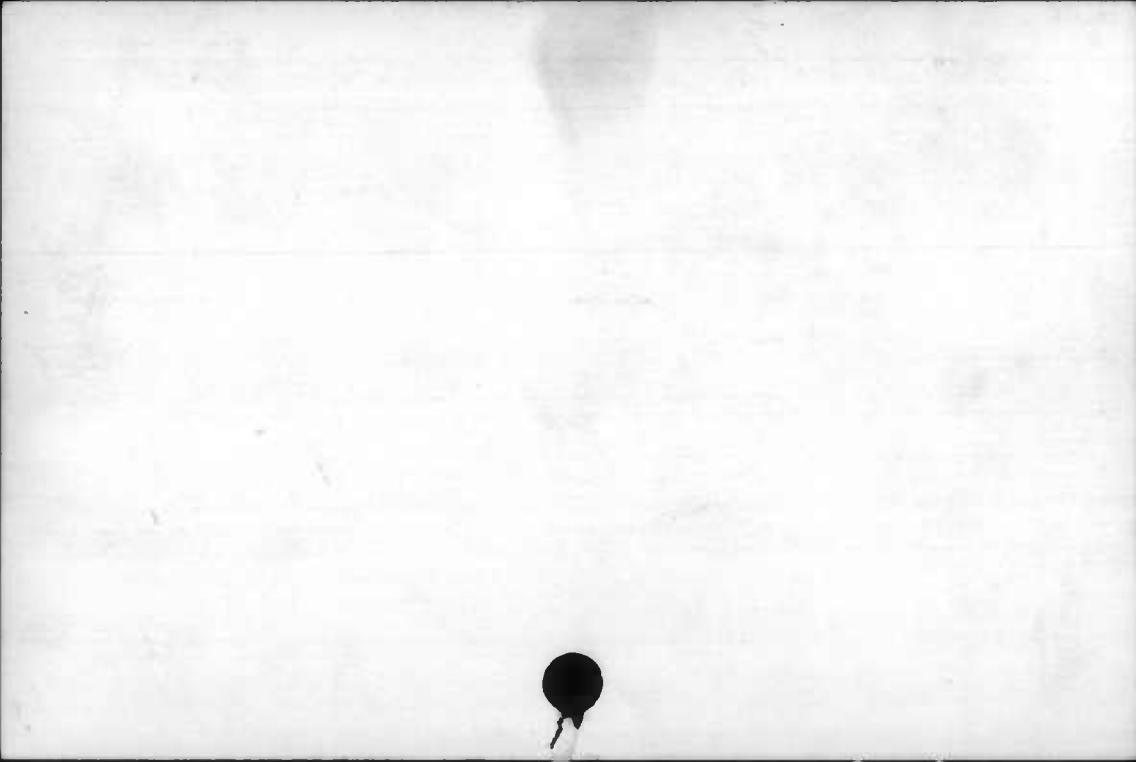
Immediate Myocarditis ^{How long} 3 days

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} H. A. Garry M.D.

^{Address} Princess Anne Md

Accident or Suicide R. F. D. No 2

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mattie Sue West</i>		Town <i>Cokeburg</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Cokeburg</i>		Month <i>May</i>		Day <i>15th</i>		Years <i>15</i>	
Date of death <i>1909</i>		Months <i>15</i>		Days <i>15</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single <i>Married</i>		Name of Wife or Husband <i>Jos. West</i>					
Father's Name <i>Levin H. Dikes</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Jennie L. Carmine</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (both lungs)</i>	How long <i>6 days.</i>
Immediate <i>Sudden collapse</i>	How long <i>See above.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Jos</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Freemans City</i>
Accident or Suicide? <i>✓</i>	

6.92
6.92
6.92

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Reaner White</i>		Town <i>Annamessick</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at <i>Annamessick</i>		Month <i>May</i>		Day <i>17</i>		Years <i>3</i>	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>17</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Penona</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo White</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Annie Taylor</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Geo. E. Parkerson</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

167 ✓

PHYSICIAN
OR CORONER

Primary	<i>Cought afire Burnt Body.</i>	How long	<i>1 1/2 hour</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Geo B. Farmer</i>	
		Address	
		<i>Sub Registrar</i>	
Accident or Suicide <i>—</i>		<i>Dealo Island Md.</i>	

